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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	
09/442,445 11/17/1999			ADRIAN STOICA	A 06730001AA 5867		
TITLE OF INVENTION: SYSTEM AND METHOD FOR PERFORMING PATTERN MATCHING IMAGE COMPRESSION						
· 참						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/26/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS	l		
COUSO, YON JUNG		2624	382-232000			
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Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a 2 McGuireWoods LLP			
PTO/SB/47; Rev 03-0 Number is required.	2 or more recent) attach	" Indication form ned. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STA 12/68/2016 NTHENTS D2 00000071 09442445			
GENICOM CORP.			Gaithersbur	Gaithersburg, MD 01 FC:1501 1400.00 Op 02 FC:8001 9.00 Op		
Pease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
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Publication Fee (N - Advance Order - #		permitted)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1951 (enclose an extra copy of this form).			
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